

PTO/SB/81 (09-03)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	3/23/04
First Named Inventor	Titus, Louisa
Title	Intracellular Delivery of Oste
Art Unit	1632
Examiner Name	
Attorney Docket Number	2699732.002149

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Donna J. Russell	46,252

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	Donna J. Russell				
Address	Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C.				
Address	211 Commerce Street, Suite 1000				
City	Nashville	State	TN	Zip	37201
Country	USA				
Telephone	615-726-5681	Fax	615-744-5681		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

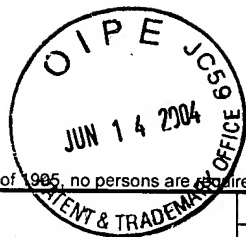
Name	Frances Louisa Titus		
Signature	Frances Louisa Titus		
Date	5/25/04	Telephone	404-321-6111 x6134

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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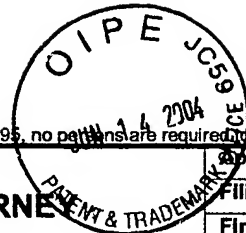
Name	Sanguok Tim Yoon		
Signature	<i>[Signature]</i>		
Date	5-26-2004	Telephone	404 778-7155

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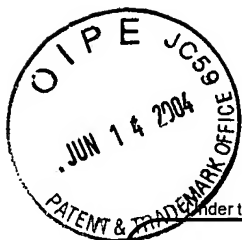
Name	Susan Drapeau			
Signature	Susan Drapeau			
Date	May 5, 2004		Telephone	901-344-1327

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Name	Scott D. Boden		
Signature	Scott D. Boden		
Date	5/24/04	Telephone	404-738-7143

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